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(Depositor's name	Patti DeMichele
(Signature	Jahr Son Lile
(Date	march 21 2005

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,366	_02/04/2002	Saul R. Dooley	GB 010020	7415

TITLE OF INVENTION: METHOD OF DESPREADING GPS SIGNALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1400		\$300	\$1700	03/23/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
ISSING, GREGORY C		3662		342-357120	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as attorney or agent) and the named patent attorneys or agents. If name will be printed.	a member a 2	on Waxler
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Koninkliike Philips Electronics N.Y.

Findhoven The Netherlands

	Charles of the second
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🗖 Individual 🕻 Corporation or other private group entity 🗖 Government
4a. The following fee(s) are enclosed: Substitute State Substitute State Substitute State Advance State Ad	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
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Authorized Signature Aaron Waxler Typed or printed name

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